

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019249

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 186

Primary Registration District No. 3026

Registrar's No. 231

FILED MAY 16 1962

VS 300
Rev. 4/59

17005
27005
3
4 0
5 2
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7 1
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9422.1
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12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hospital		d. STREET ADDRESS (If outside, give location) 1239 South McCoy	
3. NAME OF DECEASED (Type or print) First George Middle Emory Last Whitehead		4. DATE OF DEATH Month May Day 9 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-28-1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer & Shoe Shop	
11a. FATHER'S NAME Daniel C Whitehead		11b. MOTHER'S MAIDEN NAME Sarah Edwards	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) No		13. SOCIAL SECURITY NO. [REDACTED]	
14. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic Cardiovascular Disease DUE TO (c) [REDACTED]		15. NAME OF HUSBAND OR WIFE Stella W Grossman	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) No		17. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. INTERVAL BETWEEN ONSET AND DEATH 5 days	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20a. TIME OF INJURY Hour 6:08 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY	
20g. STATE		20h. DATE OF DEATH	
21. I attended the deceased from May 6, 1962 to May 9, 1962 and last saw him alive on May 9, 1962		22. DATE SIGNED 7/10/62	
23a. SIGNATURE Shast Grasse, M.D.		23b. ADDRESS Independence, Mo.	
23c. BURIAL, CREMATION, REMOVAL (Specify) Burial		23d. DATE May 11 1962	
23e. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery		23f. LOCATION (City, town, or county) Independence Missouri	
23g. FUNERAL DIRECTOR Roland R Speaks Funeral Home Independence		23h. ADDRESS 5-11-62	
23i. DATE RECD. BY LOCAL REG. 5-11-62		23j. REGISTRATION SIGNATURE Alba L. Craig	

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Don D. Lindsey, Student Embalmer No. 649

working under my personal supervision.

Student

Don D. Lindsey
Signature of Student Embalmer

Signed

Poland G. Speake
Licensed Embalmer No. 3604

P. O. Address Indep. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.